24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA	
	C C00499020
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee Cefco	Date of Public Distribution/Dissemination
Celco	06 24 2014
Mailing Address 103 Grants Ferry Rd.	Amount
City State Zip Code	5.38
Brandon MS 39042	Transaction ID : SE.35771 Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Travel Category/ Type 002	06 / D D / Y Y Y Y Y 2014
Name of Federal Candidate Support Office	e Sought: House District:00
CHRISTOPHER BRIAN MCDANIEL Oppose	President Senate State: MS
diction to bate	ursement For: Primary General
Per Election for Office Sought 167261.65 2014	Other (specify) ► Runoff
Full Name of Payee	Date of Public Distribution/Dissemination
Cracker Barrel-MS	M M / D D / Y Y Y Y
Mailing Address 410 Riverwind Dr	06 24 2014
410 Riverwind Dr.	Amount
City.	10.04
City State Zip Code Pearl MS 39208	16.04 Transaction ID : SE.35770
	Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Travel Category/ 002	06 24 2014
Type Type	24 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
CHRISTOPHER BRIAN MCDANIEL Oppose	President X Senate State: MS
Colonday Veey To Date	ursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 167206.00 Disb 2014	1 ' -
	✓ Other (specify) ► Runoff
(a) SUBTOTAL of Itemized Independent Expenditures	21.42
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m.	ade in cooperation, consultation, or concert
with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
party committee) any political party committee or its agent.	
R. Russ Walker	M / D D / Y Y Y Y
[Electronically Filed] Date	26 2014
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA	C C00499020
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	Date of Public Distribution/Dissemination
Freedomworks, Inc.	06 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 400 N Capitol St., NW Suite 735	mount
City State Zip Code	2422.23
Washington DC 20001 T	ransaction ID : SE.35762 Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Travel Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	ought: House District:00
CHRISTOPHED BRIAN MCDANIEL	resident Senate State: MS
Par Election for Office Sought 3064.23	ement For: Primary General Other (specify) ► Runoff
	Date of Public Distribution/Dissemination
Mailing Address 400 N Capitol St., NW Suite 735	06 04 2014 Amount
City State Zip Code	1059.10
Washington DC 20001 Tr	ansaction ID : SE.35763 Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing Category/ Type 004	06 / 04 / 2014
Name of Federal Candidate Support Office S	lought: House District: 00
CURIOTORUED PRIAN MODANIEI	resident Senate State: MS
4123 33 2014 —	ement For: Primary General Other (specify) ► Runoff
(a) SUBTOTAL of Itemized Independent Expenditures	3481.33
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
R. Russ Walker [Electronically Filed] Date 06	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 2

OF

NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA C 000499020	N NUMBER ▼
Check if 24-hour report X 48-hour report New report Amends report filed on	Y I Y I Y I Y
Full Name of Payee Freedomworks, Inc. Date of Public Distribution/Di	
06 24	2014
Mailing Address 400 N Capitol St., NW Suite 735	
City State Zip Code	3014.11
Washington DC 20001 Transaction ID : SE.35764 Date of Disbursement or Ol	
Purpose of Expenditure IE-McDaniel-Travel Category/ Type 002 006 24	2014
Name of Federal Candidate Support Office Sought: House	District: 00
CHRISTOPHER BRIAN MCDANIEL Oppose President Senate	State: MS
Calendar Year-To-Date Per Election for Office Sought 167136.03 Disbursement For: □ Primary 2014 ○ Other (specify) ▶	General Runoff
Full Name of Payee Freedomworks, Inc. Date of Public Distribution/Di	Dissemination
06 / 24 /	2014
Mailing Address 400 N Capitol St., NW Amount	
Suite 735	0771.71
City State Zip Code Washington DC 20001 Transaction ID : SE.35765	3771.74
Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing Category/ Type Out Out Out Out Out Out Out Ou	2014
Name of Federal Candidate Support Office Sought: House	District: 00
CHRISTOPHER BRIAN MCDANIEL Oppose President Senate	State: MS
Calendar Year-To-Date Per Election for Office Sought 171033.39 Disbursement For: □ Primary 2014 Other (specify) ▶	General Runoff
(a) SUBTOTAL of Itemized Independent Expenditures	6785.85
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultativith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is party committee) any political party committee or its agent.	
R. Russ Walker [Electronically Filed] Date 06 26 2014	

Schedule E)	LNDITOTIES	PAGE 4 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA		C C00499020
Check if 24-hour report X 48-hour report	New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee Kangaroo Express-MS		Date of Public Distribution/Dissemination
Mailing Address 13490 Hwy 49		06 24 2014
		Amount
City State	Zip Code	50.27
Gulfport MS	39507	Transaction ID: SE.35772 Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Travel	Category/ Type 002	06 / 24 / 2014
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
CHRISTOPHER BRIAN MCDANIEL	Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	Dis 167256.27	bursement For: Primary General
Full Name of Payee		Date of Public Distribution/Dissemination
Raising Cane-MS		06 24 2014
Mailing Address 10420 Hwy 49		Amount
City State	Zip Code	15.22
Gulfport MS	39503	Transaction ID : SE.35766 Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Travel	Category/ Type 002	M 06 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Offi	ice Sought: House District:00
CHRISTOPHER BRIAN MCDANIEL	Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	167189.96 Dis 20°	bursement For: Primary General Contact Primary Runoff Contact Cont
(a) SUBTOTAL of Itemized Independent Expenditures	>	65.49
	·	
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	4 4
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or an party committee) any political party committee or its agent.		
	[Electronically Filed] Date	06 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	VI EXI END	ITOTILO		PAGE 5 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (IN FUII) FREEDOMWORKS FOR AMERICA				FEC IDENTIFICATION NUMBER ▼
FREEDOWWORKS FOR AMERICA				C C00499020
Check if 24-hour report X 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Raising Cane-MS			M	f Public Distribution/Dissemination
Mailing Address 10420 Hwy 49			Amoun	06 24 2014 t
City	State	Zin Code		15.22
Gulfport	State Zip Code MS 39503			action ID : SE.35769 f Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Travel		Category/ Type 002	М	06 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought	: House District:00
CHRISTOPHER BRIAN MCDANIEL		Oppose	Preside	nt Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	, , , ,	167189.96	Disbursement 2014 Ot	For: Primary General her (specify) ▶ Runoff
Full Name of Payee Sonic-MS			М	f Public Distribution/Dissemination 06 24 2014
Mailing Address 5324 Old Highway 11			Amour	
City	State	Zip Code	$ \Gamma$	15.87
Hattiesburg	MS	39402		ction ID : SE.35768 f Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Travel		Category/ Type 002		06 24 Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought	: House District: 00
CHRISTOPHER BRIAN MCDANIEL		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	167174.74	Disbursement 2014 Ot	For: Primary General her (specify) ► Runoff
(a) SUBTOTAL of Itemized Independent Expenditu	res			31.09
(b) SUBTOTAL of Unitemized Independent Expendent	itures			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
R. Russ Walker Signature	[Electron	ically Filed] Date	06	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
• • • • • • • • • • • • • • • • • • •				

Schedule E)	TILO	PAGE 6 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA		C C00499020
Check if 24-hour report X 48-hour report New report	Amends report filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee Tropical Smoothie Cafe-MS		Date of Public Distribution/Dissemination
Mailing Address 6129 Hwy 98		06 24 2014 Amount
City State Zip	Code	7.62
•	-	Transaction ID : SE.35767 Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Travel	ategory/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District: 00
CHRISTOPHER BRIAN MCDANIEL		President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	58 87 2014	Sement For: Primary General Other (specify) ▶ Runoff
Full Name of Payee United Airlines		Date of Public Distribution/Dissemination 06
Mailing Address 233 S. Wacker Dr.		Amount
City State Zip	Code	642.00
	606 T	ransaction ID : SE.35761 Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Travel	ategory/ Type 002	06
Name of Federal Candidate	X Support Office	Sought: House District: 00
CHRISTOPHER BRIAN MCDANIEL	Oppose p	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	642.00 2014	Sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	>	649.62
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	11034.80
Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
R. Russ Walker [Electronical]	y Filed] Date 06	26 2014
Signature		